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# Medicalization of Racial Features: Asian American Women and Cosmetic Surgery

*This article presents findings of ethnographic research in the San Francisco Bay Area, exploring the recent phenomenon of Asian American women undergoing cosmetic surgery to have their eyelids restructured, their nose bridges heightened, and the tips of their noses altered. This research suggests that Asian American women who undergo these types of surgery have internalized not only a gender ideology that validates their monetary and time investment in the alteration of their bodies, but also a racial ideology that associates their natural features with dullness, passivity, and lack of emotion. With the authority of scientific rationality, medicine effectively promotes these racial and gender stereotypes and thereby bolsters the consumer-oriented society, of which it is a part and from which it benefits. Data are drawn from structured interviews with plastic surgeons and patients, medical literature and newspaper articles, and basic medical statistics.* [cosmetic surgery, Asian Americans, gender, ethnicity]

Throughout history and across cultures, humans have decorated, manipulated, and mutilated their bodies for religious reasons, for social prestige, and for beauty (Brain 1979). In the United States, within the last decade, permanent alteration of the body for aesthetic reasons has become increasingly common. By 1988, 2 million Americans, 87% of them female, had undergone cosmetic surgery, a figure that had tripled in two years (Wolf 1991:218). The cosmetic surgery industry, a $300 million per year industry, has been able to meet an increasingly wide variety of consumer demands. Now men, too, receive services ranging from the enlargement of calves and chests to the liposuction of cheeks and necks (Rosenthal 1991a). Most noticeably, the ethnic composition of consumers has changed so that in recent years there are more racial and ethnic minorities. In 1990, 20% of cosmetic surgery patients were Latinos, African

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Americans, and Asian Americans (Rosenthal 1991b). Not surprisingly, within every racial group, women still constitute the overwhelming majority of cosmetic surgery patients, an indication that women are still expected to identify with their bodies in U.S. society today, just as they have across cultures throughout much of human history (Turner 1987:85).[1]

The types of cosmetic surgery sought by women in the United States are racially specific. Like most white women, Asian American women who undergo cosmetic surgery are motivated by the need to look their best as women. White women, however, usually opt for liposuction, breast augmentation, or wrinkle removal procedures, whereas Asian American women most often request "double-eyelid" surgery, whereby folds of skin are excised from across their upper eyelids to create a crease above each eye that makes the eyes look wider. Also frequently requested is surgical sculpting of the nose tip to create a more chiseled appearance, or the implantation of a silicone or cartilage bridge in the nose for a more prominent appearance. In 1990, national averages compiled by the American Society of Plastic and Reconstructive Surgeons show that liposuction, breast augmentation, and collagen injection were the most common surgical procedures among cosmetic patients, 80% of whom are white. Although national statistics on the types of cosmetic surgery most requested by Asian Americans specifically are not available, data from two of the doctors' offices in my study show that in 1990 eyelid surgery was the most common procedure undergone by Asian American patients (40% of all procedures on Asian Americans at one doctor's office, 46% at another), followed by nasal implants and nasal tip refinement procedures (15% at the first doctor's office, 23% at the second).[2] While the features that white women primarily seek to alter through cosmetic surgery (i.e., the breasts, fatty areas of the body, and facial wrinkles) do not correspond to conventional markers of racial identity, those features that Asian American women primarily seek to alter (i.e., "small, narrow" eyes and a "flat" nose) do correspond to such markers.[3]

My research focuses on the cultural and institutional forces that motivate Asian American women to alter surgically the shape of their eyes and noses. I argue that Asian American women's decision to undergo cosmetic surgery is an attempt to escape persisting racial prejudice that correlates their stereotyped genetic physical features ("small, slanty" eyes and a "flat" nose) with negative behavioral characteristics, such as passivity, dullness, and a lack of sociability. With the authority of scientific rationality and technological efficiency, medicine is effective in perpetuating these racist notions. The medical system bolsters and benefits from the larger consumer-oriented society not only by maintaining the idea that beauty should be every woman's goal but also by promoting a beauty standard that requires that certain racial features of Asian American women be modified. Through the subtle and often unconscious manipulation of racial and gender ideologies, medicine, as a producer of norms, and the larger consumer society of which it is a part encourage Asian American women to mutilate their bodies to conform to an ethnocentric norm.

Social scientific analyses of ethnic relations should include a study of the body. As evident in my research, racial minorities may internalize a body image produced by the dominant culture's racial ideology and, because of it, begin to loathe, mutilate, and revise parts of their bodies. Bodily mutilation and adornment

are symbolic mediums most directly and concretely concerned with the construction of the individual as social actor or cultural subject (Turner 1980). Yet social scientists have only recently focused on the body as a central component of social self-identity (Blacking 1977; Brain 1979; Daly 1978; Lock and Scheper-Hughes 1990; O'Neill 1985; Turner 1987). Moreover, social scientists, and sociocultural anthropologists in particular, have not yet explored the ways in which the body is central to the everyday experience of racial identity.

## Method and Description of Subjects

In this article I present findings of an ongoing ethnographic research project in the San Francisco Bay Area begun in April 1991. I draw on data from structured interviews with physicians and patients, medical literature and newspaper articles, and basic medical statistics. The sample of informants for this research is not random in the strictly statistical sense since informants were difficult to locate. In the United States, both clients and their medical practitioners treat the decision to undergo cosmetic surgery as highly confidential, and practitioners do not reveal the names of patients without their consent. In an effort to generate a sample of Asian American woman informants, I posted fliers and placed advertisements in various local newspapers for a period of at least three months, but I received only one reply. I also asked doctors who had agreed to participate in my study to ask their Asian American patients if they would agree to be interviewed. The doctors reported that most of the patients preferred not to talk about their operations or about motivations leading up to the operation. Ultimately, I was able to conduct structured, open-ended interviews with eleven Asian American women, four of whom were referred to me by doctors in the study, six by mutual acquaintances, and one through an advertisement in a local newspaper. Nine have had cosmetic surgery of the eye or the nose; one recently considered a double-eyelid operation; one is considering a double-eyelid operation in the next few years. Nine of the women in the study live in the San Francisco Bay Area, and two in the Los Angeles area. Five had their operations from the doctors in my study, while four had theirs in Asia—two in Seoul, Korea, one in Beijing, China, and one in Taipei, Taiwan. Of the eleven women in the study, only two, who received their operations in China and in Taiwan, had not lived in the United States prior to their operations. The two who had surgery in Korea grew up in the United States; they said that they decided to go to Korea for their surgeries because the operations were cheaper there than in the United States and because they felt doctors in Korea are more "experienced" since these types of surgery are more common in Korea than in the United States.[4] The ages of the women in the study range from 18 to 71; one woman was only 15 at the time of her operation.

In addition to interviewing Asian American women, I conducted structured, open-ended interviews with five plastic surgeons, all of whom practice in the Bay Area. Of the eleven doctors I randomly selected from the phone book, five agreed to be interviewed.

Since the physicians in my study may not be representative of plastic surgeons, I reviewed the plastic surgery literature. To examine more carefully the medical discourse on the nose and eyelid surgeries of Asian American women, I examined several medical books and plastic surgery journals dating from the

1950s to 1990. I also reviewed several news releases and informational packets distributed by such national organizations as the American Society of Plastic and Reconstructive Surgeons, an organization that represents 97% of all physicians certified by the American Board of Plastic Surgery.

To examine popular notions of cosmetic surgery and, in particular, of how the phenomenon of Asian American women receiving double-eyelid and nose-bridge operations is viewed by the public and the media, I referenced relevant newspaper and magazine articles.

For statistical information, I obtained national data on cosmetic surgery from various societies for cosmetic surgeons, including the American Society of Plastic and Reconstructive Surgeons. Data on the specific types of surgery sought by different ethnic groups in the United States, including Asian Americans, are missing from the national statistics. At least one public relations coordinator told me that such data are quite unimportant to plastic surgeons. To compensate for this, I requested doctors in my study to provide me with data from their clinics. One doctor allowed me to review his patient files for basic statistical information. Another doctor allowed his office assistant to give me such information, provided that I paid his assistant for the time she had to work outside of normal work hours reviewing his patient files. Since cosmetic surgery is generally not covered by medical insurance, doctors often do not record their patients' medical information in their computers; therefore, most doctors told me that they have very little data on their cosmetic patients readily available.

## Mutilation or a Celebration of the Body?

The decoration, ornamentation, and scarification of the body can be viewed from two perspectives. On the one hand, such practices can be seen as celebrations of the social and individual bodies, as expressions of belonging in society and an affirmation of oneness with the body (Brain 1979; Scheper-Hughes and Lock 1991; Turner 1980). On the other hand, they can be viewed as acts of mutilation, that is, as expressions of alienation in society and a negation of the body induced by unequal power relationships (Bordo 1990; Daly 1978; O'Neill 1985).

Although it is at least possible to imagine race-modification surgery as a *rite de passage* or a bid for incorporation into the body and race norms of the "dominant" culture, my research findings lead me to reject this as a tenable hypothesis. Here I argue that the surgical alteration by many Asian American women of the shape of their eyes and nose is a potent form of self, body, and society alienation. Mutilation, according to *Webster's,* is the act of maiming, crippling, cutting up, or altering radically so as to damage seriously essential parts of the body. Although the women in my study do not view their cosmetic surgeries as acts of mutilation, an examination of the cultural and institutional forces that influence them to modify their bodies so radically reveals a rejection of their "given" bodies and feelings of marginality. On the one hand, they feel they are exercising their Americanness in their use of the freedom of individual choice. Some deny that they are conforming to any standard—feminine, Western, or otherwise—and others express the idea that they are, in fact, molding their own standards of beauty. Most agreed, however, that their decision to alter their features was primarily a result of their awareness that as women they are expected to look their

best and that this meant, in a certain sense, less stereotypically Asian. Even those who stated that their decision to alter their features was personal, based on individual aesthetic preference, also expressed hope that their new appearance would help them in such matters as getting a date, securing a mate, or getting a better job.

For the women in my study, the decision to undergo cosmetic surgery was never purely or mainly for aesthetic purposes, but almost always for improving their social status as women who are racial minorities. Cosmetic surgery is a means by which they hope to acquire "symbolic capital" (Bourdieu 1984 [1979]) in the form of a look that holds more prestige. For example, "Jane," who underwent double-eyelid and nose-bridge procedures at the ages of 16 and 17, said that she thought she should get her surgeries "out of the way" at an early age since as a college student she has to think about careers ahead:

> Especially if you go into business, whatever, you kind of have to have a Western facial type and you have to have like their features and stature—you know, be tall and stuff. In a way you can see it is an investment in your future.

Such a quest for empowerment does not confront the cultural and institutional structures that are the real cause of the women's feelings of distress. Instead, this form of "body praxis" (Scheper-Hughes and Lock 1991) helps to entrench these structures by further confirming the undesirability of "stereotypical" Asian features. Therefore, the alteration by many Asian American women of their features is a "disciplinary" practice in the Foucauldian sense; it does not so much benignly transform them as it "normalizes" (i.e., qualifies, classifies, judges, and enforces complicity in) the subject (Foucault 1977). The normalization is a double encounter, conforming to patriarchal definitions of femininity and to Caucasian standards of beauty (Bordo 1990).

Gramsci anticipated Foucault in considering subjected peoples' complicity and participation in, as well as reproduction of their own domination in everyday practice. In examining such phenomena as Asian American women undergoing cosmetic surgery in the late 20th-century United States, however, one must emphasize, as Foucault does, how mechanisms of domination have become much more insidious, overlapping, and pervasive in everyday life as various forms of "expert" knowledge such as plastic surgery and surgeons have increasingly come to play the role of "traditional" intellectuals (Gramsci 1971) or direct agents of the bourgeois state (Scheper-Hughes 1992:171) in defining commonsense reality.

Particularly in Western, late capitalist societies (where the decoration, ornamentation, and scarification of the body have lost much meaning for the individual in the existential sense of "Which people do I belong to? What is the meaning of my life?" and have instead become commoditized by the media, corporations, and even medicine in the name of fashion), the normalizing elements of such practices as cosmetic surgery can become obscured. Rather than celebrations of the body, they are mutilations of the body, resulting from a devaluation of the self and induced by historically determined relationships among social groups and between the individual and society.

## Internalization of Racial and Gender Stereotypes

The Asian American women in my study are influenced by a gender ideology that states that beauty should be a primary goal of women. They are conscious

that because they are women, they must conform to certain standards of beauty. "Elena," a 20-year-old Korean American said, "People in society, if they are attractive, are rewarded for their efforts . . . especially girls. If they look pretty and neat, they are paid more attention to. You can't deny that." "Annie," another Korean American who is 18 years old, remarked that as a young woman, her motivation to have cosmetic surgery was "to look better" and "not different from why [other women] put on makeup." In fact, all expressed the idea that cosmetic surgery was a means by which they could escape the task of having to put makeup on every day. As "Jo," a 28-year-old Japanese American who is thinking of enlarging the natural fold above her eyes, said, "I am still self-conscious about leaving the house without any makeup on, because I feel just really ugly without it. I feel like it's the mask that enables me to go outside." Beauty, more than character and intelligence, often signifies social and economic success for them as for other women in U.S. society (Lakoff and Scherr 1984; Wolf 1991).

The need to look their best as women motivates the Asian American women in my study to undergo cosmetic surgery, but the standard of beauty they try to achieve through surgery is motivated by a racial ideology that infers negative behavioral or intellectual characteristics from a group's genetic physical features. All of the women said that they are "proud to be Asian American" and that they "do not want to look white." But the standard of beauty they admire and strive for is a face with larger eyes and a more prominent nose. They all stated that an eyelid without a crease and a nose that does not project indicate a certain "sleepiness," "dullness," and "passivity" in a person's character. "Nellee," a 21-year-old Chinese American, said she seriously considered surgery for double eyelids in high school so that she could "avoid the stereotype of the 'Oriental bookworm' " who is "*dull* and doesn't know how to have fun." Elena, who had double-eyelid surgery two years ago from a doctor in my study, said, "When I look at Asians who have no folds and their eyes are slanted and closed, I think of how they would look better more *awake*." "Carol," a 37-year-old Chinese American who had double-eyelid surgery seven years ago and "Ellen," a 40-year-old Chinese American who had double-eyelid surgery 20 years ago, both said that they wanted to give their eyes a "more spirited" look. "The drawback of Asian features is the puffy eyes," Ellen said. "Pam," a Chinese American aged 44, who had had double-eyelid surgery from another doctor in my study two months earlier, stated, "Yes. Of course. Bigger eyes look prettier. . . . Lots of Asians' eyes are so small they become little lines when the person laughs, making the person look *sleepy*." Likewise, Annie, who had an implant placed on her nasal dorsum to build up her nose bridge at age 15, said:

> I guess I always wanted that *sharp* look—a look like you are smart. If you have a roundish kind of nose, it's like you don't know what's going on. If you have that sharp look, you know, with black eyebrows, a pointy nose, you look more *alert*. I always thought that was cool. [emphasis added]

Clearly, the Asian American women in my study seek cosmetic surgery for double eyelids and nose bridges because they associate the features considered characteristic of their race with negative traits.

These associations that Asian American women make between their features and personality characteristics stem directly from stereotypes created by the dominant culture in the United States and by Western culture in general, which historically has wielded the most power and hegemonic influence over the world. Asians are rarely portrayed in the U.S. popular media and then only in such roles as Charlie Chan, Suzie Wong, and "Lotus Blossom Babies" (a.k.a. China Doll, Geisha Girl, and shy Polynesian beauty). They are depicted as stereotypes with dull, passive, and nonsociable personalities (Kim 1986; Tajima 1989). Subtle depictions by the media of individuals' minutest gestures in everyday social situations can socialize viewers to confirm certain hypotheses about their own natures (Goffman 1979). At present, the stereotypes of Asians as a "model minority" serve a similar purpose. In the model minority stereotype, the concepts of dullness, passivity, and stoicism are elaborated to refer to a person who is hard-working and technically skilled but desperately lacking in creativity and sociability (Takaki 1989:477).

Similar stereotypes of the stoic Asian also exist in East and Southeast Asia, and since many Asian Americans are immigrants or children of recent immigrants from Asia, they are likely to be influenced by these stereotypes as well. U.S. magazines and films have been increasingly available in many parts of Asia since World War II. Also, multinational corporations in Southeast Asian countries consider their work force of Asian women to be biologically suited for the most monotonous industrial labor because the "Oriental girl" is "diligent" and has "nimble fingers" and a "slow wit" (Ong 1987:151). Racial stereotypes of Asians as docile, passive, slow witted, and unemotional are internalized by many Asian American women, causing them to consider the facial features associated with these negative traits as defiling.

Undergoing cosmetic surgery, then, becomes a means by which the women can attempt to permanently acquire not only a feminine look considered more attractive by society, but also a certain set of racial features considered more prestigious. For them, the daily task of beautification entails creating the illusion of features they, as members of a racial minority, do not have. Nellee, who has not yet undergone double-eyelid surgery, said that at present she has to apply makeup every day "to give my eyes an illusion of a crease. When I don't wear makeup I feel my eyes are small." Likewise, Elena said that before her double-eyelid surgery she checked almost every morning in the mirror when she woke up to see if a fold had formed above her right eye to match the more prominent fold above her left eye: "[on certain mornings] it was like any other day when you wake up and don't feel so hot, you know. My eye had no definite folds, because when Asians sleep their folds change in and out—it's not definite." The enormous constraints the women in my study feel with regard to their Asian features are apparent in the meticulous detail with which they describe their discontent, as apparent in a quote from Jo who already has natural folds but wants to enlarge them: "I want to make an even bigger eyelid [fold] so that it doesn't look slanted. I think in Asian eyes this inside corner of the fold [she was drawing on my notebook] goes down too much."

The women expressed hope that the results of cosmetic surgery would win them better acceptance by society. Ellen said that she does not think her double-eyelid surgery "makes me look too different," but she nonetheless expressed the

feeling that now her features will "make a better impression on people because I got rid of that sleepy look." She says that she will encourage her daughter, who is only 12 years old, to have double-eyelid surgery as she did, because "I think having less sleepy-looking eyes would help her in the future with getting jobs." The aesthetic results of surgery are not an end in themselves but rather a means for these women as racial minorities to attain better socioeconomic status. Clearly, their decisions to undergo cosmetic surgery do not stem from a celebration of their bodies.

## Medicalization of Racial Features

Having already been influenced by the larger society's negative valuation of their natural, "given" features, Asian American women go to see plastic surgeons in half-hour consultation sessions. Once inside the clinic, they do not have to have the doctor's social and medical views "thrust" on them, since to a great extent, they, like their doctors, have already entered into a more general social consensus (Scheper-Hughes 1992:199). Nonetheless, the Western medical system is a most effective promoter of the racial stereotypes that influence Asian American women, since medical knowledge is legitimized by scientific rationality and technical efficiency, both of which hold prestige in the West and increasingly all over the world. Access to a scientific body of knowledge has given Western medicine considerable social power in defining reality (Turner 1987:11). According to my Asian American informants who had undergone cosmetic surgery, their plastic surgeons used several medical terms to problematize the shape of their eyes so as to define it as a medical condition. For instance, many patients were told that they had "excess fat" on their eyelids and that it was "normal" for them to feel dissatisfied with the way they looked. "Lots of Asians have the same puffiness over their eyelid, and they often feel better about themselves after the operation," the doctors would assure their Asian American patients.

The doctors whom I interviewed shared a similar opinion of Asian facial features with many of the doctors of the patients in my study. Their descriptions of Asian features verged on ideological racism, as clearly seen in the following quote from "Dr. Smith."

> The social reasons [for Asian Americans to want double eyelids and nose bridges] are undoubtedly continued exposure to Western culture and the realization that the upper eyelid *without* a fold tends to give a *sleepy* appearance, and therefore a more *dull* look to the patient. Likewise, the *flat* nasal bridge and *lack of* nasal projection can signify *weakness* in one's personality and by *lack of* extension, a *lack of force* in one's character. [emphasis added]

By using words like "without," "lack of," "flat," "dull," and "sleepy" in his description of Asian features, Dr. Smith perpetuates the notion that Asian features are inadequate. Likewise, "Dr. Khoo" said that many Asians should have surgery for double eyelids since "the eye is the window to your soul and having a more open appearance makes you look a bit brighter, more inviting." "Dr. Gee" agreed:

> I would say 90% of people look better with double eyelids. It makes the eye look more spiritually alive. . . . With a single eyelid frequently they would have a

> little fat pad underneath [which] can half bury the eye and so the eye looks small and unenergetic.

Such powerful associations of Asian features with negative personality traits by physicians during consultations can become a medical affirmation of Asian American women's sense of disdain toward their own features.

Medical books and journals as early as the 1950s and as recent as 1990 abound with similar metaphors of abnormality in describing Asian features. The texts that were published before 1970 contain more explicit associations of Asian features with dullness and passivity. In an article published in 1954 in the *American Journal of Ophthalmology,* the author, a doctor in the Philippines armed forces, wrote the following about a Chinese man on whom he performed double-eyelid surgery:

> [He] was born with mere slits for his eyes. Everyone teased him about his eyes with the comment that as he looked constantly sleepy, so his business too was just as sleepy. For this reason, he underwent the plastic operation and, now that his eyes are wider, he has lost that sleepy look. His business, too, has picked up. [Sayoc 1954:556]

The doctor clearly saw a causal link between the shape of his patient's eyes and his patient's intellectual and behavioral capacity to succeed in life. In 1964 a white American military surgeon who performed double-eyelid surgeries on Koreans in Korea during the American military occupation of that country wrote in the same journal: "The absence of the palpebral fold produces a passive expression which seems to epitomize the stoical and unemotional manner of the Oriental" (Millard 1964:647). Medical texts published after 1970 are more careful about associating Asian features with negative behavioral or intellectual characteristics, but they still describe Asian features with metaphors of inadequacy or excess. For instance, in the introductory chapter to a 1990 book devoted solely to medical techniques for cosmetic surgery of the Asian face, a white American plastic surgeon begins by cautioning his audience not to stereotype the physical traits of Asians.

> Westerners tend to have a stereotyped conception of the physical traits of Asians: yellow skin pigmentation . . . a flat face with high cheek bones; a broad, flat nose; and narrow slit-like eyes showing characteristic epicanthal folds. While this stereotype may loosely apply to the central Asian groups (i.e., Chinese, Koreans, and Japanese), the facial plastic surgeon should appreciate that considerable variation exists in all of these physical traits. [McCurdy 1990:1]

Yet, on the same page, he writes that the medicalization of Asian features is valid because Asians usually have eyes that are too narrow and a nose that is too flat.

> However, given an appreciation of the physical diversity of the Asian population, certain facial features do form a distinct basis for surgical intervention. . . . These facial features typically include the upper eyelid, characterized by an absent or poorly defined superior palpebral fold . . . and a small flattened nose with poor lobular definition. [McCurdy 1990:1]

Thus, in published texts, doctors write about Asians' eyes and noses as abnormal even when they are careful not to associate negative personality traits with these features. In the privacy of their clinics, they freely incorporate both metaphors of abnormality and the association of Asian features with negative characteristics

into medical discourse, which has an enormous impact on the Asian American patients being served.

The doctors' scientific discourse is made more convincing by the seemingly objective manner in which they behave and present themselves in front of their patients in the clinical setting. They examine their patients as a technician diagnosing ways to improve a mechanical object. With a cotton swab, they help their patients to stretch and measure how high they might want their eyelids to be and show them in a mirror what could be done surgically to reduce the puffy look above their eyes. The doctors in my study also use slides and Polaroid pictures to come to an agreement with their patients on what the technical goals of the operation should be. The sterile appearance of their clinics, with white walls and plenty of medical instruments, as well as the symbolism of the doctor's white coat with its many positive connotations (e.g., purity, life, unaroused sexuality, superhuman power, and candor) reinforce in the patient the doctor's role as technician and thus his sense of objectivity (Blumhagen 1979). One of my informants, Elena, said that, sitting in front of her doctor in his office, she felt sure that she needed eyelid surgery: "[Dr. Smith] made quite an impression on me. I thought he was more than qualified—that he knew what he was talking about."

With its authority of scientific rationality and technical efficiency, medicine effectively "normalizes" not only the negative feelings of Asian American women about their features but also their ultimate decision to undergo cosmetic surgery. For example, "Dr. Jones" does not want to make her patients feel "strange" or "abnormal" for wanting cosmetic surgery. All the doctors in my study agreed that their role as doctor is to provide the best technical skills possible for whatever service their patients demand, not to question the motivation of their patients. Her goal, Dr. Jones said, is "like that of a psychiatrist in that I try to make patients feel better about themselves." She feels that surgeons have an advantage over psychiatrists in treating cosmetic surgery patients because "we . . . help someone to change the way they look . . . psychiatrists are always trying to figure out why a person wants to do what they want to do." By changing the patients' bodies the way they would like them, she feels she provides them with an immediate and concrete solution to their feelings of inadequacy.

Dr. Jones and the other doctors say that they only turn patients away when patients expect results that are technically impossible, given such factors as the thickness of the patient's skin and the bone structure. "I turn very few patients away," said Dr. Khoo. And "Dr. Kwan" notes

> I saw a young girl [a while back] whose eyes were beautiful but she wanted a crease. . . . She was gorgeous! Wonderful! But somehow she didn't see it that way. But you know, I'm not going to tell a patient every standard I have of what's beautiful. If they want certain things and it's doable, and if it is consistent with a reasonable look in the end, then I don't stop them. I don't really discuss it with them.

Like the other doctors in my study, Dr. Kwan sees himself primarily as a technician whose main role is to correct his patient's features in a way that he thinks would best contribute to the patient's satisfaction. It does not bother him that he must expose an individual, whom he already sees as pretty and not in need of surgery, to an operation that is at least an hour long, entails the administering of

local anesthesia with sedation, and involves the following risks: "bleeding," "hematoma," "hemorrhage," formation of a "gaping wound," "discoloration," scarring, and "asymmetry in lid folds" (Sayoc 1974:162–166). He finds no need to try to change his patients' minds. Likewise, Dr. Smith said of Asian American women who used to come to him to receive really large double eyelids: "I respect their ethnic background. I don't want to change them drastically." Yet he would not refuse them the surgery "as long as it was something I can accomplish. Provided I make them aware of what the appearance might be with the changes."

Though most of my Asian American woman informants who underwent cosmetic surgery recovered fully within six months to a year, with only a few minor scars from their surgery, they nonetheless affirmed that the psychologically traumatic aspect of the operation was something their doctors did not stress during consultation. Elena said of her double-eyelid surgery: "I thought it was a simple procedure. He [the doctor] should have known better. It took at least an hour and a half. . . . And no matter how minor the surgery was, I bruised! I was swollen." Likewise, Annie could remember well her fear during nose surgery. Under local anesthesia, she said that she was able to witness and hear some of the procedures.

> I closed my eyes. I didn't want to look. I didn't want to see like the knives or anything. I could hear the snapping of scissors and I was aware when they were putting that thing [implant] up my nose. I was kind of grossed out.

By focusing on technique and subordinating human emotions and motivations to technical ends, medicine is capable of normalizing Asian American women's decision to undergo cosmetic surgery.

## Mutual Reinforcement: Medicine and the Consumer-Oriented Society

The medical system bolsters and benefits from the larger consumer-oriented society by perpetuating the idea that beauty is central to women's sense of self and also by promoting a beauty standard for Asian American women that requires the alteration of features specific to Asian American racial identity. All of the doctors in my study stated that a "practical" benefit for Asian American women undergoing surgery to create or enlarge their eyelid folds is that they can put eye makeup on more appropriately. Dr. Gee said that after double-eyelid surgery it is "easier" for Asian American women to put makeup on because "they now have two instead of just one plane on which to apply makeup." Dr. Jones agreed that after eyelid surgery Asian American women "can do more dramatic things with eye makeup." The doctors imply that Asian American women cannot usually put on makeup adequately, and thus, they have not been able to look as beautiful as they can be with makeup. By promoting the idea that a beautiful woman is one who can put makeup on adequately, they further the idea that a woman's identity should be closely connected with her body and, particularly, with the representational problems of the self. By reinforcing the makeup industry, they buttress the cosmetic surgery industry of which they are a part. A double-eyelid surgery costs patients $1,000 to $3,000.

The medical system also bolsters and benefits from the larger consumer society by appealing to the values of American individualism and by individualizing

the social problems of racial inequality. Dr. Smith remarked that so many Asian American women are now opting for cosmetic surgery procedures largely because of their newly gained rights as women and as racial minorities:

> Asians are more affluent than they were 15 years ago. They are more knowledgeable and Americanized, and their women are more liberated. I think in the past many Asian women were like Arab women. The men had their foot on top of them. Now Asian women do pretty much what they want to do. So if they want to do a surgery, they do it.

Such comments by doctors encourage Asian American women to believe that undergoing cosmetic surgery is merely a way of beautifying themselves and that it signifies their ability to exercise individual freedom.

Ignoring the fact that the Asian American women's decision to undergo cosmetic surgery has anything to do with the larger society's racial prejudice, the doctors state that their Asian American women patients come to cosmetic surgeons to mold their own standards of beauty. The doctors point out that the specific width and shape the women want their creases to be or the specific shape of nose bridges they want are a matter of personal style and individual choices. Dr. Smith explains:

> We would like to individualize every procedure. There is no standard nose we stamp on everybody so that each patient's need is addressed individually. My goal is to make that individual very happy and very satisfied.

Dr. Kwan also remarked, "I think people recognize what's beautiful in their own way." In fact, the doctors point out that both they and their Asian American patients are increasingly getting more sophisticated about what the patients want. As evidence, they point to the fact that as early as a decade ago, doctors used to provide very wide creases to every Asian American patient who came for double eyelids, not knowing that not every Asian wanted to look exactly Caucasian. The doctors point out that today many Asian American cosmetic surgery patients explicitly request that their noses and eyelids not be made to look too Caucasian.

Recent plastic surgery literature echoes these doctors' observations. A 1991 press release from the American Academy of Cosmetic Surgery quotes a prominent member as saying, "The procedures they [minorities, including Asian Americans] seek are not so much to look 'western' but to refine their features to attain facial harmony." The double-eyelid surgery, he says, is to give Asian eyes "a more open appearance," not a Western look. Likewise, McCurdy points out in his book that double-eyelid procedures should vary in accordance with whether or not the patient actually requests a Western eyelid.

> In patients who desire a small "double eyelid," the incision is placed 6–7 mm above the ciliary margin; in those patients desiring a medium-sized lid, the incision is placed 8mm above the ciliary margin; in patients who request westernization of the eyelid, the incision is placed 9–10mm above the ciliary margin. [McCurdy 1990:8]

Fifty percent of all Asians in the world do have a natural crease on their eyelids, and thus it can be argued that those Asians who undergo surgery for double eyelids are aiming for Asian looks, that they are not necessarily conforming to a Western standard. Yet, by focusing on technique, that is, by focusing on how

many millimeters above the eyes their Asian American patients want their fold to be or how long across the eyelid they want their fold to be drawn, the doctors do not fully recognize that the trend in Asian American cosmetic surgery is still toward larger eyes and a more prominent nose. They ignore the fact that the very valuation attached to eyes with "a more open appearance" may be a consequence of society's racial prejudice. If the types of cosmetic surgery Asian Americans opt for are truly individual choices, one would expect to see a number of Asians who admire and desire eyes without a crease or a nose without a bridge. Yet the doctors can refer to no cases involving Asian Americans who wanted to get rid of their creases or who wanted to flatten their noses. Moreover, there are numerous cases of Asian Americans, such as many Southeast Asians, who already have a natural eyelid crease but feel the need to widen it even more for a less puffy appearance.[5] Clearly, there is a pattern in the requests of Asian American cosmetic surgery patients.

In saying that their Asian American women patients are merely exercising their freedom to choose a personal style or look, the doctors promote the idea that human beings have an infinite variety of needs that technology can endlessly fulfill, an idea at the heart of today's U.S. capitalism. As Susan Bordo explains, the United States has increasingly become a "plastic" culture, characterized by a "disdain for material limits, and intoxication with freedom, change, and self-determination" (Bordo 1990:654). She points out that many consumer products that could be considered derogatory to women and racial minorities are thought by the vast majority of Americans to be only some in an array of consumer choices to which every individual has a right. She explains:

> Any different self would do, it is implied. Closely connected to this is the construction of all cosmetic changes as the same: perms for white women, corn rows on Bo Derek, tanning, makeup, changing hair styles, blue contacts for black women. [Bordo 1990:659]

## Conclusion

Cosmetic surgery on Asian American women for nose bridges and double eyelids is very much influenced by gender and racial ideologies. My research has shown that by the conscious or unconscious manipulation of gender and racial stereotypes, the American medical system, along with the larger consumer-oriented society of which it is a part, influences Asian American women to alter their features through surgery. With the authority of scientific rationality and technological efficiency, medicine is effectively able to maintain a gender ideology that validates women's monetary and time investment in beauty even if this means making their bodies vulnerable to harmful and risky procedures such as plastic surgery. Medicine is also able to perpetuate a racial ideology that states that Asian features signify "dullness," "passivity," and "lack of emotions" in the Asian person. The medicalization of racial features, which reinforces and normalizes Asian American women's feelings of inadequacy, as well as their decision to undergo cosmetic surgery, helps to bolster the consumer-oriented society of which medicine is a part and from which medicine benefits.

Given the authority with which fields of "expert" knowledge such as biomedicine have come to define commonsense reality today, racism and sexism no

longer need to rely primarily on physical coercion to legal authority. Racial stereotypes influence Asian American women to seek cosmetic surgery. Yet, through its highly specialized and validating forms of discourse and practices, medicine, along with a culture based on endless self-fashioning, is able to motivate women to view their feelings of inadequacy as individually motivated, as opposed to socially induced, phenomena, thereby effectively convincing them to participate in the production and reproduction of the larger structural inequalities that continue to oppress them.

## NOTES

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[1]In a 1989 study of 80 men and women, men reported many more positive thoughts about their bodies than did women (Goleman 1991).

According to the American Society of Plastic Surgeons, 87% of all cosmetic surgery patients in 1990 were women. In my study, in one of the two doctors' offices from which I received statistical data on Asian American patients, 65% of Asian American cosmetic surgery patients in 1990 were women; in the other, 62%.

[2]At the first doctor's office, the doctor's assistant examined every file from 1990. In all, 121 cosmetic procedures were performed, 81 on white patients, 20 on Asian American patients. Closely following national data, the most common procedure among white patients was liposuction (58% of all cosmetic surgeries performed on white patients).

The second doctor allowed me to survey his patient files. I examined the 1990 files for all patients with last names beginning with the letters A through L. Of these files, all the cosmetic patients were Asian American. Thus, I do not have data on white patients from this office.

It is important to note that at the first doctor's office, where data on white cosmetic surgery patients were available, the patients were older on average than the Asian American cosmetic surgery patients at the same clinic. Of the Asian American patients, 65% were in the age range of 19 to 34 years, compared with only 14.8% of whites. Only 20% of Asian American cosmetic surgery patients were in the age group of 35 to 64 years, however, compared with 80.2% of white cosmetic patients. All the other doctors in my study confirmed a similar trend in their practices. They stated that this trend results from the tendency of whites to seek cosmetic procedures to remove fat and sagging skin that results from aging, in contrast to Asian Americans, who usually are not concerned with "correcting" signs of aging.

[3]The shapes of eyes and noses of Asians are not meant in this article to be interpreted as categories that define an objective category of people called Asians. Categories of racial groups are arbitrarily defined by society. Likewise, the physical traits by which people are recognized as belonging to a racial group have been determined to be arbitrary (see Molnar 1983).

Also, I use the term "Asian American" to collectively name the women in this study who have undergone or are thinking about undergoing cosmetic surgery. Although I realize their ethnic diversity, people of Asian ancestry in the United States share similar experiences in that they are subject to many of the same racial stereotypes (see Takaki 1989).

[4]Cosmetic surgery for double eyelids, nasal-tip refinement, and nose bridges is not limited to Asians in the United States. Asians in East and Southeast Asia have requested

such surgeries since the early 1950s, when U.S. military forces began long-term occupations of such countries as Korea and the Philippines. (See Harahap 1982; Millard 1964; Sayoc 1954; and Kristof 1991.)

I do not mean to imply, however, that the situation within which Asian women develop a perspective on the value and meaning of their facial features is identical in Asia and the United States, where Asian women belong to a minority group. The situation in Asia would require further studies. My observations are limited to the United States.

[5]Dr. Smith informed me that numerous Vietnamese, Thai, and Indonesian women come to him to widen their eyelid creases. I was allowed to see their before-and-after surgery photographs.

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